

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** WELLINGTON PLACE OF RIB MOUNTAIN (0009628)  
**Address:** 4100 NORTH MOUNTAIN ROAD, WAUSAU, WI 54401  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/2003  
**Regional Office:** NORTHERN REGION (RHINELANDER), (715) 365-2800

**Survey History**

**Survey ID:** 0097001      **End Date:** 04/20/2006      **Type:** OTHER      **Purpose:** SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10009549    Served 05/25/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	07/20/2006	Yes

**Survey ID:** 0095683      **End Date:** 08/23/2005      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0092723      **End Date:** 05/05/2004      **Type:** OTHER      **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009282    Served 06/16/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	08/23/2005	Yes

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For the period 06/01/2003 to 05/31/2006  
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CLASS CNA (NONAMBULATORY)

**Survey ID: 0092462      End Date: 03/17/2004      Type: OTHER      Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009257    Served 05/19/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	08/23/2005	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	08/23/2005	Yes

**Survey ID: 0091294      End Date: 08/06/2003      Type: STANDARD      Purpose: SURVEY**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10005245    Served 10/21/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(3)	TRAINING	03/17/2004	Yes
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	03/17/2004	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	03/17/2004	Yes
83.43(4)(b)1.d	COMMON USE ROOMS SMOKE DETECTOR	03/17/2004	Yes

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For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Enforcement History**

**Date: 06/11/2004**      **SOD #10009282**      **Appealed: No**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION  
FORFEITURE---83.21(4)(w)

**Date: 05/18/2004**      **SOD #10009257**      **Appealed: No**

Sanctions

PROVIDE TRAINING  
FORFEITURE---83.21(4)(p)

**Date: 10/16/2003**      **SOD #10005245**      **Appealed: No**

Sanctions

OTHER SANCTION  
FORFEITURE---83.13(3)  
FORFEITURE---83.19(3)(f)

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Complaint History**

**Date Complaint Received: 05/30/2006**

**Date Investigation Completed: 07/21/2006**

Subject Area(s)

MEDICATIONS

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

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